

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019667

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 2369Primary Registration District No. 4349Registrar's No. 27

STATE FILE NUMBER

FILED JUN 5 1962

1. PLACE OF DEATH

a. COUNTY

Morganb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Stover

Length of stay in 1b

7 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION STOVER

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Morganc. CITY
OR TOWNSTOVER

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

STOVER

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

John Benhard Ehlers4. DATE
OF DEATH

Month

Day

Year

May 30 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

June 5, 1874

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

Benton County Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Herman Ehlers

13b. MOTHER'S MAIDEN NAME

Sena Brockman

14. NAME OF HUSBAND OR WIFE

Lesettie Ehlers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Viola Eckhoff Stover, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of bladderINTERVAL BETWEEN
ONSET AND DEATH2 yrs.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan 1961 to May 30 1962 and last saw him alive on May 29 1962

Death occurred at

Stover on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Jack Gunn MD

(Degree or title)

22b. ADDRESS

Versailles Mo.

22c. DATE SIGNED

6-2-6223a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

6-1-62

23c. NAME OF CEMETERY OR CREMATORY

Stover Cemetery

23d. LOCATION (City, town, or county)

Stover, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Servier-Stevenson Stover, Mo.

25. DATE RECD. BY LOCAL REG.

6-2-62

26. REGISTRAR'S SIGNATURE

J. L. Stover

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/5910710207103456789181.010111290-0132-0

JUL 31 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Scum

Licensed Embalmer No. 4880

P. O. Address Therrell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.